U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

EM3				
1. File Number U - 5669	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Ron F Paredes	Name Teamsters Local 78			
	Labor Organization File Number 022-708			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 22519 Bayview Ave	Street 492 C Street			
City Hayward	City Hayward			
State California ZIP Code + 4 94541	State California ZIP Code + 4 94541			
5. Position in labor organization. Business Representative				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Ron Ponedes —	On 8/9/2005 (510) 889-6811 Telephone Number			

Name of Person Filing Ron Paredes	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Lipman Insurance Administrator, INC.	V	
Trade Name, if any: Teamsters Benefit Trust	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 39420 Liberty Street, Suite 260	c. Employer	
City Fremont		
State California ZIP Code + 4 94538		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Teamsters Benefit Trust	Multiemployer welfare trust fund	
Trade Name, if any:		TOTAL CONTRACTOR OF THE CONTRA
P.O. Box, Bldg., Room No., if any		overene and a second a second and a second a second and a second a second and a second a second and a second a second a second a second
Street 39420 Liberty Street, Suite 260	11.b. Approximate dollar value of such dealing.	
City Fremont	12.a. Nature of interest held or income received.	
State California ZIP Code + 4 94538	See continuation page	
Carrierina 2n oute 14 94330		THE STATE OF THE S
		to forther control of the control of
	12.b. Amount.	\$2,186
C. Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money	14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		Mildelman weighty
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		vennetare state
Street		rundationerineseri
City		vanvectometers
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Part B Continuation Page

B. Held an interest in or derived income or economic benefits with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name	of Bus	siness
from Pg.	2	:

12. a. Nature of interest held or income received (con't from Pg: 2):

The person identified in item 3 is a union Trustee on the Board of Trustees of the entity identified in item 8, which is a jointly administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the Trust Fund he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters and attended educational conferences related to trust find administration. During the course of such meeting(s) the Trust Fund paid for food, beverages, transportation, lodging and /or incidental expenses. The amount entered in item 12.b is the estimated value of such food, beverage and related expenditures on or about November 30th; December 1st, 2nd, 3rd and 4th, 2004. This estimate is based on review of a business calendar for appointments and meetings in 2004

Name of Person Filing Ron Paredes	Name	of Person	Filing	Ron	Paredes
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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	iding trade name	e, if any).	9. Business deals with:	
Name Lipman Insurance Admir	nistrator, I	NC.	a. Labor Organization	
Trade Name, if any: Teamsters Ber	nefit Trust		a. Labor Organization	
P.O. Box, Bldg., Room No., if any	ale and the Committee of the Committee o		b. Trust	
			c. Employer	
Street 39420 Liberty Street,	Suite 260		l Linping of	
City Fremont				
State California	ZIP Code + 4	94541		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.		11.a. Nature of such dealing.	Port of the Section of the Contract of the Con
Name Teamsters Benefits Tru			Multiemployer welfare trust fund	i de minore memora y marion de la companya del companya del companya de la compan
Trade Name, if any:	encenned stowers in towards conditioned temperatures and other today (100 for 100 for			
Later and the contract of the			, .	
P.O. Box, Bldg., Room No., if any				Tan Carlotte
Street 39420 Liberty Street,	Suite 260			
City Fremont	nemperorinani nepolonorrenori (prenny sovegne s javo pie sama s			
State California	ZIP Code + 4	94541	11.b. Approximate dollar value of such dealing.	
Exercise distribution of the section		or a structure and the silling distributions which control the experimental gray gray gray gray gray.	12.a. Nature of interest held or income received.	
			See continuation page	
			page	
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				to his control of the second
				voorvooldery wax
			12.b. Amount.	\$812

Part B Continuation Page

B. Held an interest in or derived income or economic benefits with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business from Pg. 3:

12. a. Nature of interest held or income received (con't from Pg: 3):

The person identified in item 3 is a union Trustee on the Board of Trustees of the entity identified in item 8, which is jointly administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the Trust Fund he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters. During the course of such meeting(s) the Trust Fund paid for food, beverages, transportation, lodging and /or incidental expenses. The amount entered in item 12.b is the estimated value of such food, beverage and related expenditures on or about February 6th; May 7th; August 5th & 6th and November 5th, 2004. This estimate is based on review of a business calendar for appointments and meetings in 2004.